

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47				
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4	20			50			80			140			200
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6	22			52			82			142			202
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11	25			55			85			145			205
	26			56			86			146			206
	27			57			87			147			207
	28			58			88			148			208
	29			59			89			149			209
	30			60			90			150			210